

# CITY OF JENNINGS, MISSOURI

## APPLICATION FOR COMMERCIAL OCCUPANCY CERTIFICATE

All applications must be reviewed by the Building Commissioner for Compliance with the Zoning Regulations and ALL necessary inspections must be completed before an Occupancy Permit can be issued. Show a copy of the lease agreement signed by applicant and owner of the property. A business license CANNOT be obtained until an Occupancy Permit is issued.

**FEE: \$100.00 Inspection Fee (includes inspection and one (1) re-inspection)**  
**\$100.00 Commercial Occupancy Certificate**

Name of Proposed Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

**SPECIFIC USE OF PREMISES** (note below if retail sales, shoe sales, manufacturing, warehouse storage, type of service performed and/or type of merchandise)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner of Business: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ DL#: \_\_\_\_\_

Business Manager: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ DL#: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone # \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

### Official use only

INSP. DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_ NAICS CODE \_\_\_\_\_

INSP. FEE DATE PAID: \_\_\_\_\_ APPLICATION APPROVED BY (CODE OFFICIAL): \_\_\_\_\_

PERMITTED USE: \_\_\_\_\_ C.U.P (conditional use permit): \_\_\_\_\_ DATE PERMIT REVIEWED/APPROVED: \_\_\_\_\_

PERMIT #: \_\_\_\_\_

**INSPECTIONS ARE INVALID AFTER 120 DAYS FROM THE DATE OF INSPECTION**